



HEALTH-CARE SEEKING BEHAVIOR AMONG PERSONS WITH DIABETES IN DAKSHINA KANNADA: AN INTERVIEW STUDY

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ABSTRACT

Background: Seeking health care is crucial for assisting persons with diabetes mellitus to manage their blood sugar levels. The aim of this study was to explore health care seeking behavior among persons with diabetes mellitus in Dakshina Kannada District and the factors influencing such behaviors.

Methods: A qualitative research method was applied to explore the health care seeking behaviors among 14 individuals (8 females and 6 males) with diabetes mellitus in Dakshina Kannada. A snowball sampling technique helped in identifying willing participants aged 18 years and above.

Results: The findings showed that diabetic persons in the district seek medical attention in public hospitals. However, the findings revealed unsatisfactory health care seeking behaviors among the majority of the patients. The majority of the interviewees admitted not seeking regular medical attention to various reasons. The main reason for poor health care seeking behaviors is financial constraints, where the interviewees expressed their unwillingness to use the limited family resources. Other reasons include lack of family support and distance to health care facilities.

Conclusion: In brief, the health seeking behaviors among persons with diabetes mellitus in Dakshina Kannada is similar to the rest of India and other developing nations. The unsatisfactory health care seeking behaviors is linked to the socio-economic situation such as income, level of poverty, and family support. Therefore, addressing these factors will significantly improve the health care seeking behaviors among diabetic persons in future.

KEYWORDS : Diabetes Mellitus, Health Care Seeking Behaviors, Compliance, Financial Constraints

BACKGROUND

The prevalence of Type 2 Diabetes (T2D), also known as diabetes mellitus, has been on the increase around the world. Governments are investing heavily in providing the much-needed healthcare to assist diabetic persons to manage their conditions and live long quality life. However, there have been concerns regarding the unwillingness of person with diabetes to seek medical attention regularly (Lee, Tong, & Wah, 2016; Bajaj, 2018). According to Bajaj (2018), this is a serious issue due to the nature of diabetes treatment, where patients have to comply with regular treatment. In India, studies conducted in different states revealed unsatisfactory healthcare seeking behaviors (Sawant & Kokiwar, 2017; Bhosale et al., 2017; Kishore et al., 2015). There is a need for a regular physiotherapy to assist diabetes patient manage their blood sugar levels. The compliance with medical treatment is a critical step for ensuring that persons with diabetes mellitus are not only healthy but also productive in the society. Failure to seek health care on a regular basis may lead to serious medical complications associated with the inability to control blood sugar levels. This paper explores the healthcare seeking behaviors among persons with diabetes in Dakshina Kannada District in Karnataka, India.



Figure 1: The map of Dakshina Kannada District in Karnataka State, India, Retrieved from:

https://tools.wmflabs.org/geohack/geohack.php?pagename=Dakshina_Kannada¶ms=12.87_N_74.88_E_type:city_region:IN-KA

India is one of the many countries that are keen on availing regular medical services for persons living with diabetes (Rao et al., 2018; Sirari, Patro, Datta, & Lakshmi, 2018). However, it remains unclear whether diabetic persons are seeking medical attention as required. For example, a recent study by Eshwari, Kamath, Rao, and Kamath (2018) revealed how families in Karnataka state in India are using 3% to 21% of their income on inpatient and outpatient services.

Studies revealed that the healthcare seeking behaviors among patients from Iran (Basity & Irvani, 2014), Uganda (Hjelm & Atwine, 2011), and Philippines (Perry & Espinosa, 2017) were influenced by their economic status and social factors. In contrast, the studies on Malaysia (Low et al., 2016), and Nepal (Thapa et al., 2018) showed satisfactory healthcare seeking behaviors. This shows the commitment at the government level to facilitate and encourage healthcare seeking behavior. For example, Inche Zainal et al. (2014) noted how distance from the healthcare facility, support from family members, and the duration of the disease influenced the healthcare seeking behavior among Nepali patients. These findings show the specific areas that can be manipulated to influence healthcare seeking behaviors.

Methods

Design

This study employed a qualitative method by focusing on diabetic persons in Dakshina Kannada District in Karnataka. Specifically, a qualitative descriptive study facilitated the collection and analysis of data on health care seeking behaviors among diabetic individuals. The use of interview approach helped in gaining deep insights regarding the reasons that for health care seeking behaviors.

Participants

As part of the study, 14 persons with diabetes were interviewed. These participants were identified using the snowball sampling method. The idea was to use the social connections of the locals and ask around about individuals known to have diabetes mellitus.

The Inclusion Criteria

As part of the selection process, three inclusion criteria were used. First, only individuals with diabetes were selected. Second, only individuals who have lived in Dakshina Kannada District for more than year were included. The aim of this criterion was to exclude non-local persons. Third, the age limit was 18 years and above with the aim of excluding minors. Lastly, persons with any form of psychiatric disorders were excluded. Since such individuals' ability to make the right or informed decisions may be compromised, it was necessary to exclude them. Doing so helped in ensuring the credibility of the study.

Ethical Considerations

The researcher strictly observed the ethical code of conduct when handling interviewees as well as their information. For example, this study is based on voluntary participation. Therefore, participants agreed in writing or orally to participate before proceeding. Also, the protection of participants' information was achieved by using anonymous identification rather than real names.

Data Collection

The data collection took place within a one-month period. Semi-structured interview questions were used to collect the

data from using the local Kannada language. As part of the interview, open-ended questions were used. This gave the interviewees the much-needed freedom to express themselves and give their reasons. Once collected, the data, which was audio-recorded, was transcribed to facilitate the qualitative analysis.

Findings

The findings show that respondents were seeking health care in both private and public hospitals. However, the health care seeking behaviors was unsatisfactory for most of the respondents. The findings show that the majority of the interviewees have unsatisfactory health care seeking behaviors. Specifically, only two out of 14 admitted seeking regular medical checkups. Most of the interviewees also admitted not checking their blood sugar levels on a regular basis. As Table 1 shows, financial constraints are the main challenge facing persons with T2D in the district. According to them, they have more pressing issues in their families that need to be addressed. This explains why their health is not a priority. Apart from financial constraints, distance to healthcare facilities was also a challenge. Family support is also an important factor since those with satisfactory health care seeking behaviors admitted having supportive families. The support is either financial or moral support.

Table 1: The summary findings

Interviewee	Finding 1	Finding 2	Summary
1	Financial constraints	I try my best	Moderately satisfactory
2	Financial constraints	Health not a priority, my family first	Unsatisfactory
3	Financial constraints, other family needs come first	The facilities is far	Unsatisfactory
4	Financial constraints	The medical center is far	Unsatisfactory
5	Supporting relatives	Availability of funds	Moderately satisfactory
6	Financial constraints	Relatives are not supportive	Unsatisfactory
7	The facilities are far	Financial constraints influence healthcare seeking behaviors negatively	Unsatisfactory
8	Financial support is there	The hospital is close	Satisfactorily
9	Supportive relatives	I can afford regular healthcare	Satisfactory
10	Financial constraints other family needs come first	Health not a priority	Unsatisfactory
11	The hospital is far	health is not a priority	Unsatisfactory
12	Financial constraints other family needs come first	Distance	Unsatisfactory
13	Financial constraints	Distance	Unsatisfactory
14	Supportive relatives	I understand the importance of seeking health care	Satisfactory

DISCUSSION

The findings provide crucial district-specific insights regarding health care seeking behaviors in Dakshina Kannada District. The unsatisfactory health care seeking behaviors reported in this study is similar to the findings in other parts of India that show unsatisfactory healthcare seeking behaviors (Sawant & Kokiwar, 2017; Bhosale et al., 2017; Kishore et al., 2015). Although the patients were eager to seek medical attention, they admitted that their socio-economic factors hindered them from seeking regular medical attention.

For example, an interviewee lamented that he was not willing to spend the limited family resources to get medical care since it will push his family to poverty. This reflects the findings by Sawant and Kokiwar (2017) and Bhosale et al. (2017) and Kishore et al. (2015) on how diabetic persons react to socio-economic factors. Instead of diminishing the limited family finances, they are more than willing to sacrifice their health by not taking medicine, or conducting the much-needed checkups.

CONCLUSION

In summary, the current study provides crucial insights regarding healthcare seeking behaviors among patients

living with T2D. First, it is evident that the health care seeking behaviors in Dakshina Kannada District is unsatisfactory. This outcome shows the urgency in which the problem should be addressed to help persons with T2D in the district. Second, the findings provide the much-needed evidence regarding the specific factors influencing the health care seeking behaviors. Just like in other parts of the world, socio-economic factors are the main reasons. Evidently, issues to do with poverty, accessibility to health care services, and social networks are common variables that influence such behaviors.

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